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PTO/SB/21 (03-09) APR 2 4 2009 Approved for use through 04/30/2009. OMB 0651-0031
U.S. Palent and Trademark Office, U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1985, no persons are required to respond to a collection of Information unless it displays a valid OMB control number. Application Number 10/573,905 Filing Date MAy 30 2006 TRANSMITTAL Michae First Named Inventor FORM Art Unit 1647 **Examiner Name** DEBERRY REGINA (to be used for all correspondence after Initial filing) Attorney Docket Number WP03-1A04-US Total Number of Pages in This Submission ENCLOSURES (Check all that apply) After Allowance Communication to TC Drawing(\$) Fee Transmittel Form Appeal Communication to Board Licensing-related Papers of Appeals and Interferences Fee Attached Appeal Communication to TC X (Appeal Notice, Brief, Reply Brief) Petition Amendment/Reply Petition to Convert to a Proprietary Information Provisional Application After Final Power of Attorney, Revocation Status Letter Change of Correspondence Address Affidavits/declaration(s) Other Enciosure(s) (please Identify Terminal Disclaimer below): Extension of Time Request CREDIT CARD FORM-Request for Refund **Express Abandonment Request** CD, Number of CD(s) ____ Information Disclosure Statement Landscape Table on CD Remarks Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name Signature Printed name Hombre Reg. No. 42,623 Date CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

This collection of Information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Petent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date

April 24 2009

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

rederick

APR 2 4 2009

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of:

Brines et al.

Confirmation No.:

2092

Serial No.:

10/573,905

Art Unit:

1647

Filed:

May 30, 2006

Examiner:

DeBerry, Regina M.

For:

TISSUE PROTECTIVE

Attorney Docket No:

WP03-1A04-US

CYTOKINES FOR THE

TREATMENT AND PREVENTION OF SEPSIS AND

THE FORMATION OF

ADUESIONS

ADHESIONS

AMENDMENT FEE TRANSMITTAL SHEET

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

The fee required to be filed with the accompanying amendment of even date herewith concerning the above-identified application has been estimated to be \$0.00.

The claim amendment fee has been estimated as shown below:

	(Col 1)		(CoL 2)	(CoL 3)	SMALL ENTITY			OTHER THAN A SMALL ENTI				
R	CLAIMS EMAINING AFTER		HIGHEST NO. PREVIOUSLY PAID	PRESENT EXTRA	RATE		ADDIT. FEE	OR	RATE		ADDIT. FEE	
	MENDMENT		73	Ò	x 25	\$			x 50	5	0.00	
TOTAL	27	MINUS			x 105	\$			x210	\$	0.00	
NDEP. 9 MINUS 9 U FIRST PRESENTATION OF MULTIPLE DEP. CLAIM						\$				\$	0.00	
FIRST	PRESENTA	THON OF	NIULIII LL DIII. CL		TOTAL	•		OR	TOTAL _	\$	0.00	

Please charge the required fee to 50.00. A copy of this sheet is enclosed.

Respectfully Submitted,

Date:

April 24, 2009

1 4/1/

e. No.)

Enclosure

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			73	0	x 25	5			x 50	2	0.00
TOTAL	27	MINUS		0	x 105	5		_	x 210	\$	0.00
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FIRS	PKESENI	ATIONOF	MODINI LL DOL. CO.		TOTAL	9		OR.	TOTAL	<u> </u>	0.00

Please charge the required fee to 30.00. A copy of this sheet is enclosed.

Respectfully submitted,

Date:

April 24, 2009

1. Halle

o. No.)

Enclosure